



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

January 16, 2009

Leslie Tremaine, Ph.D., Director
Santa Cruz County Mental Health and Substance Abuse Services
1400 Emeline Avenue
Santa Cruz, CA 95060

Dear Ms. Tremaine:

AUDIT REPORT – SANTA CRUZ COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Santa Cruz County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

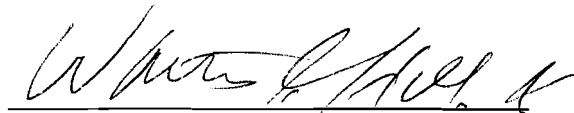
The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 12,465,311	\$ 12,021,574	\$ (443,737)
Federal Share of Healthy Families	\$ 150,998	\$ 145,065	\$ (5,933)
State General Funds EPSDT Due State	\$ 2,776,911	\$ 2,532,308	\$ (244,603)

Leslie Tremaine, Ph.D., Director
January 16, 2008
Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,



WALTER J. HILL, JR., MBA, EA
Chief of Audits



TONY GAAN, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

TG 01/14/08

SANTA CRUZ COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 7,261,650	\$ 271,341	\$ 7,532,991
HEALTHY FAMILIES - FFP	(Sch. 2a)	100,250	(2,334)	97,916
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 7,361,900</u>	<u>\$ 269,007</u>	<u>\$ 7,630,908</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 5,203,661	\$ (715,078)	\$ 4,488,583
HEALTHY FAMILIES - FFP	(Sch. 3b)	50,748	(3,599)	47,149
TOTAL FFP - CONTRACT PROVIDERS		<u>\$ 5,254,409</u>	<u>\$ (718,677)</u>	<u>\$ 4,535,732</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 12,465,311	\$ (443,737)	\$ 12,021,574
HEALTHY FAMILIES - FFP		150,998	(5,933)	145,065
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 12,616,308</u>	<u>\$ (449,669)</u>	<u>\$ 12,166,640</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch 4)	<u>2,776,911</u>	<u>(244,603)</u>	<u>\$ 2,532,308</u>

Note: The As Settled amount includes a refund of \$346 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 77)

SCHEDULE 2

**SANTA CRUZ COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit</u> <u>Adjustments</u>	<u>As Audited</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	10,335,234	(1,663)	10,333,571
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	26,650	(3)	26,647
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	133,112	(2,761)	130,351
9. Total		<u>\$ 10,494,996</u>	<u>\$ (4,426)</u>	<u>\$ 10,490,570</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	62,053	0	62,053
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	329	0	329
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 62,382</u>	<u>\$ 0</u>	<u>\$ 62,382</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	10,299,502	(1,666)	10,297,836
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	133,112	(2,761)	130,351
25. Total		<u>\$ 10,432,614</u>	<u>\$ (4,426)</u>	<u>\$ 10,428,188</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 74,996	\$ 0	\$ 74,996
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	55,246	(0)	55,246
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	19,414	0	19,414
29. Total		<u>\$ 149,656</u>	<u>\$ 0</u>	<u>\$ 149,656</u>

**SANTA CRUZ COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 3,220,504	\$ (201,467)	\$ 3,019,037
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 2,151,175	\$ 626,305	\$ 2,777,480
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 2,151,175</u>	<u>\$ 626,305</u>	<u>\$ 2,777,480</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 21,118	\$ (829)	\$ 20,289
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 21,539	\$ 12,896	\$ 34,435
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 21,118</u>	<u>\$ (829)</u>	<u>\$ 20,289</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 814,325	\$ (163,926)	\$ 650,399
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 3,845</u>	<u>\$ 163,926</u>	<u>\$ 167,771</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 5,476,606	\$ (828)	\$ 5,475,778
46. Enhanced (Children)	(MH1979, Ln 17,17A)	17,109	(2)	17,107
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	79,682	(0)	79,682
49. Administrative Reimbursement	(MH1979, Ln 6)	1,075,588	313,152	1,388,740
50. U.R. Skilled Professional	(MH1979, Ln 14)	610,744	(122,944)	487,799
51. U.R. Other	(MH1979, Ln 15)	1,923	81,962	83,886
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 7,261,650</u>	<u>\$ 271,339</u>	<u>\$ 7,532,991</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	<u>0</u>	<u>0</u>	<u>0</u>

56. Total SD/MC Reimbursement - FFP		<u>\$ 7,261,650</u>	<u>\$ 271,339</u>	<u>\$ 7,532,991</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 86,523	\$ (1,795)	\$ 84,728
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	13,727	(539)	13,188
60. Total Healthy Families Reimbursement - FFP		<u>\$ 100,250</u>	<u>\$ (2,334)</u>	<u>\$ 97,916</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 7,361,900</u>	<u>\$ 269,005</u>	<u>\$ 7,630,907</u>
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(To Sch. 1)

Legal Entity Number	Legal Entity	(1)	(2)			(3)			(4)			(5)	(6)	(7)			(8)			(9)			(10)	
		Medi-Cal and Crossover Gross Cost	Enhanced - Children Gross Cost			Enhanced - Refugees Gross Cost			Total Gross Cost (Excl. HFP)			Healthy Families Gross Cost	Medi-Cal and Crossover Gross Cost	Enhanced - Children Gross Cost			Enhanced - Refugees Gross Cost			Total Gross Cost (Excl. HFP)			Healthy Families Gross Cost	
			I	N	P	A	T	I	E	N	T		O	U	T	P	A	T	I	E	N	T		
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)			(MH 1968, Ln 22)			(Col. 1 to 3)			(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)			(MH 1968, Ln 22)			(Col. 6 to 8)			(MH 1968, Ln 27, 27A)	
00115	Seneca Center	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	28,916	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	28,916	\$ 0	\$ 0	0		
00144	Achieve Kids	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,251	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,251	\$ 0	\$ 0	0		
00232	Dominican Hosp	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	295,313	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	295,313	\$ 0	\$ 0	0		
00439	Volunteer Center	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	413,687	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	413,687	\$ 0	\$ 0	908		
00440	SCCCC	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	4,209,454	\$ 32,653	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	4,242,107	\$ 0	\$ 0	61,126		
00442	Front Street	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,947,352	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,947,352	\$ 0	\$ 0	0		
00443	FSA of Santa Cruz	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	46,102	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	46,102	\$ 0	\$ 0	0		
00595	FSA of Pajaro	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	48,284	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	48,284	\$ 0	\$ 0	0		
00656	Pajaro Valley Prev.	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	295,807	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	295,807	\$ 0	\$ 0	0		
00657	Parents Center	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	633,684	\$ 1,359	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	635,043	\$ 0	\$ 0	10,503		
00964	Unity Care Group	\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	417,175	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	417,175	\$ 0	\$ 0	0		
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		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	0		
		\$ 0	\$ 0	\$ 0			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	\$			

[illegible]

SCHEDULE 4

SANTA CRUZ COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$	19,984,417	\$ (1,343,351)	\$ 18,641,066
(2) Total SD/MC Claims	(Adjustments 68, 70 & 72)	26,114,592	(1,218)	26,113,374
(3) Percent % (Line 1/Line 2)		0.7653	(0.0514)	0.7139
(4) EPSDT Claims	(Adjustments 69, 71 & 73)	11,321,497	(1,218)	11,320,279
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		8,664,342	(582,795)	8,081,547
(6) Cost Settled Baseline for EPSDT		2,450,509	0	2,450,509
(7) Net Cost Settlement Amount (Line 5 - Line 6)		6,213,833	(582,795)	5,631,038
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)		2,901,860	(272,165)	2,629,695
(8a) FY 2001-02 EPSDT Settlement		1,655,825	0	1,655,825
(8b) Annual Local Growth (L. 8 - 8a)		1,246,035	(272,165)	973,870
(9) County Match 10% of Local Growth (8b x 10%)		124,604	(27,217)	97,387
(10) Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 74)	2,777,257	(244,948)	2,532,308
(11) SGF Distribution (Settled and Audited)	(Adjustments 75 - 77)	2,777,257	(346)	2,776,911
(12) SGF Due State	(Adjustment 78)	\$ <u>0</u>	\$ <u>(244,603)</u>	\$ <u>(244,603)</u>
				(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
The original EPSDT Settlement letter shows SGF distributed \$3,213,902.47, which represents the county owed \$436,645.97 to the State. The county provided documents to prove that it has already paid back to State. See <W/P II F 2-2> for detail.
- (12) Amount owed back to the state cannot be more than was advanced.

AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00044	No. of Adj. 78	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	3	C	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY) To reclassify general operating, telecom, patient data, patient accounting, clerical support and department operating & labor costs from the County's Contractors to the County Administrative Costs.	\$ (18,297,298)	\$ 981,450	\$ (17,315,848)
2	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 2,151,175	\$ 827,482	\$ 2,978,657 *
3	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	\$ 21,539	\$ 8,285	\$ 29,824 *
4	MH 1960	11	C	NON-SD/MC ADMINISTRATION	\$ 378,727	\$ 145,683	\$ 524,410 *
5	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	\$ <u>2,551,441</u>	\$ <u>981,450</u>	\$ <u>3,532,891</u> *
				To adjust SD/MC, Healthy Families and Non-SD/MC administrative costs as a result of adjustment 1 above. The distribution of SD/MC, Healthy Families and Non-SD/MC administrative costs was based on the reported administrative costs reflected on the cost reported.			
6	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ 2,978,657	\$ (201,177)	\$ 2,777,480
7	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** \$ 29,824	\$ 4,611	\$ 34,435
8	MH 1960	11	C	NON-SD/MC ADMINISTRATION	** \$ 524,410	\$ 196,566	\$ 720,976
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ <u>3,532,891</u>	\$ <u>0</u>	\$ <u>3,532,891</u>
				To allocate SD/MC, Healthy Families and Non-SD/MC administrative costs based on the MAA percentage (85.03%) that the County used in the cost report. Outreach, Support and Healthy Families was considered before the SD/MC and Non-SD/MC could be determined.			
9	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 814,325	\$ (163,926)	\$ 650,399
10	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	\$ 3,845	\$ 163,926	\$ 167,771
	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	\$ <u>818,170</u>	\$ <u>0</u>	\$ <u>818,170</u>
				To reclassify Utilization Review Costs to move Operating costs from Skilled Professional Medical Personnel to Other SD/MC Utilization Review to agree with DMH regulation (DMH Letter 94-09).			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				00044	78	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED ALLOWABLE SD/MC COST CONTRACT PROVIDERS</u>			
11	NH 1964	3	A	SCCCC - OTHER 24 HOUR SERVICES (05-65)	\$ 1,389,957	\$ (289,155)	\$ 1,100,802
	NH 1964	4	A	SCCCC - DAY SERVICES (MODE 10)	\$ 317,991	\$ 0	\$ 317,991
12	NH 1964	5	A	SCCCC - OUTPATIENT SERVICES (MODE 15)	\$ 4,054,412	\$ (13,928)	\$ 4,040,484
	NH 1964	6	A	SCCCC - OUTREACH SERVICES (MODE 45)	\$ 344,233	\$ 0	\$ 344,233
	NH 1964	7	A	SCCCC - MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	\$ 98,320	\$ 0	\$ 98,320
13	NH 1964	8	A	SCCCC - SUPPORT SERVICES (MODE 60)	\$ 419,663	\$ 303,083	\$ 722,746
				TOTAL	\$ 6,624,576	\$ 0	\$ 6,624,576
14	MH 1964	3	1	FRONT STREET - OTHER 24 HOUR SERVICES (MODE 05 ALL OTHER SFC)	\$ 1,109,975	\$ (343,640)	\$ 766,335
	MH 1964	5	1	FRONT STREET - OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	\$ 1,514,612	\$ 0	\$ 1,514,612
15	MH 1964	8	1	FRONT STREET - SUPPORT SERVICES (MODE 60)	\$ 2,532,903	\$ 343,640	\$ 2,876,543
				TOTAL	\$ 5,157,491	\$ 0	\$ 5,157,491
				To reclassify room and board costs from Mode 05 and 15 to Mode 60, in accordance with the SD/MC Manual for the Rehabilitation Option and Targeted Case Management, and CAC, Title 9, Section 1840.312.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number		No. of Adj.		Fiscal Period Ended			
SANTA CRUZ COUNTY				00044		78		June 30, 2004			
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported		Increase (Decrease)		As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.								
16	MH 1964	1	1	<u>ADJUSTMENTS TO REPORTED ALLOWABLE SD/MC COST CONTRACT PROVIDERS</u>							
				MODE COSTS FROM MH 1960 (DIRECT SERVICES AND MAA)		\$ 16,803,016		\$ (981,450)		\$ 15,821,566	
				To adjust contract provider costs to eliminate the County administrative costs explained in adjustment 1 above. The following contractors were affected:							
				TELECARE		\$ 66,438		\$ (751)		\$ 65,687	
				SENECA CENTER		30,267		(1,351)		28,916	
				ACHIEVE KIDS		1,298		(47)		1,251	
				DOMINICAN SC HOSPITAL		1,091,936		(56,040)		1,035,896	
				CRESTWOOD HOSPITALS		182,445		(4,546)		177,899	
				VOLUNTEER CENTER		1,513,542		(60,583)		1,452,959	
				SCCCC		6,624,576		(396,787)		6,227,789	
				FRONT STREET		5,157,491		(358,392)		4,799,099	
				FSA OF SANTA CRUZ		71,096		(4,494)		66,602	
				FAMILY SERVICE OF PAJARO VALLEY		51,834		(3,551)		48,283	
				PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE		388,604		(27,954)		360,650	
				PARENTS CENTER		702,085		(44,512)		657,573	
				7TH AVENUE CENTER		456,383		(6,473)		449,910	
				UNITY		465,021		(15,966)		449,055	
				TOTALS		\$ 16,803,016		\$ (981,450)		\$ 15,821,566	

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				00044	78	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED TOTAL UOS/TIME COUNTY AND CONTRACT PROVIDERS</u>			
				<u>SANTA CRUZ COUNTY 00044</u>			
17	MH 1966	2	G	SFC 15-60	88,640	(1,020)	87,620
18	MH 1966	2	C	MHS 15-40 Program 2	375,990	360	376,350
				<u>SCCCC 00440</u>			
19	MH 1966	2	E	SFC 15-40	1,058,561	103	1,058,664
				<u>FSA of SANTA CRUZ 00443</u>			
20	MH 1966	2	D	SFC 15-50	600	(38)	562
				To adjust total units of service to agree with the County's PSP 142 report.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				00044	78	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
21	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	1,284,160	2,735	1,286,895 *
22	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	3,768,586	139	3,768,725 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	0	0	0 *
23	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	2,250	(161)	2,089 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	1,020	0	1,020 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	13,937	0	13,937 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	0	0	0 *
24	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	16,378	(784)	15,594 *
25	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	49,146	(248)	48,898 *
26				TOTAL	<u>5,135,477</u>	<u>1,681</u>	<u>5,137,158</u> *
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated February 11, 2008 (Excluding disallowed claims of 5,285 uos/uot). The auditor submitted workpapers to the County which shows the details of the above adjustments. Phase II was included.			
27	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	** 1,286,895	0	1,286,895 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	** 3,768,725	(516)	3,768,209 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	** 0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	** 2,089	0	2,089 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	** 1,020	0	1,020 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	** 13,937	0	13,937 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	** 15,594	0	15,594 *
28	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	** 48,898	0	48,898 *
				TOTAL	<u>** 5,137,158</u>	<u>(516)</u>	<u>5,136,642</u> *
				To adjust the State DMH Approved Claims Report dated February 11, 2008 to incorporate the results of the EPSDT audit findings dated August 23, 2005. This audit was conducted by the State DMH Oversight Branch.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				#REF!	0	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME</u>			
				<u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
29	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	1,286,895	(739)	1,286,156 *
30	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	3,768,209	(1,548)	3,766,661 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	0	0	0 *
31	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	2,089	161	2,250 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	1,020	0	1,020 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	13,937	0	13,937 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	0	0	0 *
32	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	15,594	784	16,378 *
33	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	48,898	(503)	48,395 *
34				TOTAL **	<u>5,136,642</u>	<u>(1,845)</u>	<u>5,134,797</u> *
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records (Excluding disallowed claims of 5,285 uos/uot). The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included.			
35	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	1,286,156	0	1,286,156 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	3,766,661	(516)	3,766,145 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	2,250	0	2,250 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	1,020	0	1,020 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	13,937	0	13,937 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	16,378	0	16,378 *
36	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	48,395	0	48,395 *
				TOTAL **	<u>5,134,797</u>	<u>(516)</u>	<u>5,134,281</u> *
				To adjust the State DMH Approved Claims Report dated February 11, 2008 to incorporate the results of the EPSDT audit findings dated August 23, 2005. This audit was conducted by the State DMH Oversight Branch.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00044	No. of Adj. 78	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
37	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	** 1,286,156	0	1,286,156 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	** 3,766,145	95	3,766,240 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	** 0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	** 2,250	0	2,250 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	** 1,020	0	1,020 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	** 13,937	0	13,937 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	** 16,378	0	16,378 *
38	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	** 48,395	751	49,146 *
39				TOTAL	** 5,134,281	846	5,135,127 *
				To adjust the County's records to include the allowable suspense units that were not included in the PSP 356 Report.			
40	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	** 1,286,156	(181)	1,285,975
41	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	** 3,766,240	(132)	3,766,108
42	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	** 0	0	0
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	** 2,250	(161)	2,089
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	** 1,020	0	1,020
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	** 13,937	0	13,937
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 0	0	0
43	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	** 16,378	(965)	15,413
44	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	** 49,146	(781)	48,365
45				TOTAL	** 5,135,127	(2,220)	5,132,907
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments. Phase II was included.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00044	No. of Adj. 78	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>			
46	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	764,038	791	764,829 *
47	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	2,869,230	8,251	2,877,481 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	0	0	0 *
48	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	1,098	(549)	549 *
49	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	41,544	(20,322)	21,222 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	9,789	0	9,789 *
50	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	37,251	(31)	37,220 *
51				TOTAL	<u>3,722,950</u>	<u>(11,860)</u>	<u>3,711,090</u> *
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated February 11, 2008 (Excluding disallowed claims of 5,285 uos/uot). The auditor submitted workpapers to the County which shows the details of the above adjustments.			
52	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	764,829	54	764,883 *
53	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	2,877,481	(265)	2,877,216 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	0	0	0 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	549	0	549 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	21,222	0	21,222 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	9,789	0	9,789 *
54	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	37,220	(642)	36,578 *
55				TOTAL	<u>3,711,090</u>	<u>(853)</u>	<u>3,710,237</u>
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records (Excluding disallowed claims of 5,285 uos/uot). The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00012	No. of Adj. 78	Fiscal Period Ended June 30, 2004		
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.					
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>				
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	764,883	0	764,883
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	2,877,216	0	2,877,216
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	0	0	0
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	0	0	0
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	549	0	549
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	21,222	0	21,222
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	0	0	0
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	**	9,789	0	9,789
56	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	36,578	673	37,251
57				TOTAL		<u>3,710,237</u>	<u>673</u>	<u>3,710,910</u>
				To adjust the County's records to include the allowable suspense units that were not included in the PSP 356 Report.				
58	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	764,883	(59)	764,824
59	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	2,877,216	(841)	2,876,375
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	0	0	0
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	0	0	0
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	549	0	549
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	21,222	0	21,222
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	0	0	0
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	**	9,789	0	9,789
60	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	37,251	(821)	36,430
61				TOTAL		<u>3,710,910</u>	<u>(1,721)</u>	<u>3,709,189</u>
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments.				
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00044	No. of Adj. 78	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUES - CONTRACT PROVIDERS</u>			
62	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUES 07/01/03 - 09/30/03 Parents Center	\$ 0	\$ 0	\$ 0
	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUES 10/01/03 - 06/30/04 Parents Center	\$ 0	\$ 235	\$ 235
				TOTAL	<u>0</u>	<u>235</u>	<u>235</u>
				To adjust patient and other payor revenues to agree with the County's records and supporting documentation			
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS</u>			
63	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 7,261,650	\$ 271,341	\$ 7,532,991
64	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 100,250	\$ (2,334)	\$ 97,916
				TOTAL REIMBURSEMENT - COUNTY PROVIDERS	<u>\$ 7,361,900</u>	<u>\$ 269,007</u>	<u>\$ 7,630,907</u>
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) due to adjustments to costs and units of service/time.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00044	No. of Adj. 78	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT CONTRACT PROVIDERS</u>			
65	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 5,203,661	\$ (715,078)	\$ 4,488,583
66	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 50,748	\$ (3,599)	\$ 47,149
				TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	\$ <u>5,254,409</u>	\$ <u>(718,677)</u>	\$ <u>4,535,732</u>
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to revenues and units of service/time.			
				Seneca Center 00115	\$ 16,105	\$ (719)	\$ 15,386
				Achieve Kids 00144	698	(18)	680
				Dominican Hosp 00232	171,858	(17,002)	154,856
				Volunteer Center 00439	235,292	(16,646)	218,646
				SCCCC 00440	2,651,669	(310,963)	2,340,706
				Front Street 00442	1,367,195	(335,528)	1,031,667
				FSA of Santa Cruz 00443	26,955	(2,394)	24,561
				FSA of Pajaro 00595	27,642	(1,894)	25,748
				Pajaro Valley Prev. 00656	170,236	(14,572)	155,664
				Parents Center 00657	369,305	(24,099)	345,206
				Unity Care Group 00964	217,453	5,159	222,612
					\$ <u>5,254,409</u>	\$ <u>(718,677)</u>	\$ <u>4,535,732</u>
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00044	No. of Adj. 78	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
67	SCH 4	1	3	SD/MC ACTUALS To adjust SD/MC actuals as a result of adjustments to total computable Medical Costs as reflected in the MH 1979 forms for both the County Program and its contract providers. The amounts utilized for this purpose was SD/MC and Enhanced for Outpatient services only.	\$ 19,984,417	\$ (1,343,351)	\$ 18,641,066
68	SCH 4	2	3	TOTAL SD/MC CLAIMS	\$ 26,114,592	\$ (17,437)	\$ 26,097,155 *
69	SCH 4	4	3	EPSDT CLAIMS To adjust total SD/MC claims and EPSDT claims to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The Report covered the period from April 1, 2004 through June 30, 2004. This represents the original recoupment.	\$ 11,321,497	\$ (17,437)	\$ 11,304,060 *
70	SCH 4	2	3	TOTAL SD/MC CLAIMS **	\$ 26,097,155	\$ 17,437	\$ 26,114,592 *
71	SCH 4	4	3	EPSDT CLAIMS ** To adjust total SD/MC claims and EPSDT claims to reverse the original recoupment included in adjustments 68 and 69 above. The revised findings affecting "Total SD/MC Claims and EPSDT Claims" will be taken in adjustments 72 and 73 below.	\$ 11,304,060	\$ 17,437	\$ 11,321,497 *
72	SCH 4	2	3	TOTAL SD/MC CLAIMS **	\$ 26,114,592	\$ (1,218)	\$ 26,113,374
73	SCH 4	4	3	EPSDT CLAIMS ** To adjust total SD/MC claims and EPSDT claims to include the results of the Department's revised audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The Report covered the period from April 1, 2004 through June 30, 2004. This represents the revised recoupment.	\$ 11,321,497	\$ (1,218)	\$ 11,320,279
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00044	No. of Adj. 78	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
74	SCH 4	10	3	NET COST SETTLEMENT AMOUNT To adjust net cost settlement amount as a result of adjustments to SD/MC actuals (Total Computable Medical), total SD/MC claims and EPSDT claims.	\$ 2,777,257	\$ (244,949)	\$ 2,532,308
75	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust State General Fund Distribution to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The Report covered the period from April 1, 2004 through June 30, 2004. This represents the SGF original recoupment.	\$ 2,777,257	\$ (4,957)	\$ 2,772,300 *
76	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust State General Fund Distribution to reverse the original SGF recoupment included in adjustment 75 above. The revised findings affecting "State General Fund Distribution" will be taken in adjustments 77 below.	** \$ 2,772,300	\$ 4,957	\$ 2,777,257 *
77	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust the State General Fund Distribution to reflect the results of the revised EPSDT findings included in the final report dated March 3, 2008.	** \$ 2,777,257	\$ (346)	\$ 2,776,911 *
78	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust state general funds due State to incorporate the results of adjustments 67 through 77 above.	** \$ 2,776,911	\$ (244,603)	\$ 2,532,308
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

Legal Entity: SANTA CRUZ COUNTY		A	B	C
Legal Entity Number: 00044		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	15,134,077	20,751,591	35,885,668
2	Encumbrances		(48,439)	(48,439)
3	Less: Payments to Contract Providers (County Only)		(17,315,848)	(17,315,848)
4	Other Adjustments from MH 1962	(4,586,185)	3,803,583	(782,603)
5	Total Costs Before Medi-Cal Adjustments	10,547,891	7,190,887	17,738,778
6	Medi-Cal Adjustments from MH 1961	(577,596)	563,479	(14,117)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			17,724,661
Administrative Costs (County Only)				
9	SD/MC Administration			2,777,480
10	Healthy Families Administration			34,435
11	Non-SD/MC Administration			720,976
12	Total Administrative Costs			3,532,891
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			650,399
14	Other SD/MC Utilization Review			167,771
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			818,170
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			13,373,600
19	Total Costs - Lines 9 through 18			17,724,661

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

Legal Entity: SANTA CRUZ COUNTY		A	B	C
Legal Entity Number: 00044		Salaries and Benefits	Other	Total Adjustments
1	Fixed Assets Purchased			
2	Use Allowance		(157,304)	(157,304)
3	Depreciation Expense		284,188	284,188
4	Building Financing Expense		639,807	639,807
5	Detention Services	(577,596)	(203,212)	(780,808)
6				
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33				
34				
35	Total Adjustments	(577,596)	563,479	(14,117)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

OTHER ADJUSTMENTS

MH 1962 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

Legal Entity: SANTA CRUZ COUNTY		A	B	C
Legal Entity Number: 00044		Salaries and Benefits	Other	Total Adjustments
1	St. Dept. of Rehab. Contract	(81,430)	(64,742)	(146,172)
2	FQHC Costs	(2,096,724)	(1,799,070)	(3,895,794)
3	Cost Allocation Adjustment		(48,961)	(48,961)
4	Intra-Fund Transfers		1,677,995	1,677,995
5	Contractor Cost Adjustments		1,926,701	1,926,701
6	Patient Data, Patient Acctg, & Clerical Support	(2,387,087)	2,387,087	
7	State Hospital		(268,245)	(268,245)
8	Alcohol & Drug Admin. Support	(20,945)	(7,183)	(28,128)
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments	(4,586,185)	3,803,583	(782,603)

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (08/04)**

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

Legal Entity: SANTA CRUZ COUNTY		A
Legal Entity Number: 00044		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	13,373,600
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	69,561
4	Day Services (Mode 10)	1,947,292
5	Outpatient Services (Mode 15 Program 1 + Program 2)	10,315,775
6	Outreach Services (Mode 45)	282,108
7	Medi-Cal Administrative Activities (Mode 55)	162,803
8	Support Services (Mode 60)	596,061
9	Total - Lines 2 through 8	13,373,600

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

PAGE 1 OF 1
FISCAL YEAR 2003 - 2004County: SANTA CRUZ COUNTY
County Code: 44

CR

Legal Entity: SANTA CRUZ COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00044			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Other 24 Hour Services (All Other SFC)				60					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			695					
3	Gross Cost		69,561	69,561					
4	Cost per Unit			100.09					
5	SMA per Unit								
6	Published Charge per Unit			154.49					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03							
8A		10/01/03 - 06/30/04							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			595					
13	Medi-Cal Costs	07/01/03 - 09/30/03							
13A		10/01/03 - 06/30/04							
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A		10/01/03 - 06/30/04							
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		69,561	69,561					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

PAGE 1 OF 1
FISCAL YEAR 2003 - 2004County: SANTA CRUZ COUNTY
County Code: 44

Legal Entity: SANTA CRUZ COUNTY		CR		CR					
Legal Entity Number: 00044		A	B	C	D	E	F	G	
Mode: 10 - Day Services		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	
			60	85					
1	Allocation Percentage	100.00%	5.80%	94.20%					
2	Total Units		936	4,485					
3	Gross Cost	1,947,292	112,935	1,834,357					
4	Cost per Unit		120.66	409.00					
5	SMA per Unit			183.46					
6	Published Charge per Unit		140.00	207.79					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		1,214					
8A		10/01/03 - 06/30/04		3,263					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units		936	8					
13	Medi-Cal Costs	07/01/03 - 09/30/03	496,524	496,524					
13A		10/01/03 - 06/30/04	1,334,561	1,334,561					
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	222,720	222,720					
14A		10/01/03 - 06/30/04	598,630	598,630					
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	252,257	252,257					
15A		10/01/03 - 06/30/04	678,019	678,019					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		116,207	112,935	3,272				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 2ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY			CR	CR	CR	CR	CR	CR
County Code: 44								
Legal Entity: SANTA CRUZ COUNTY			A	B	C	D	E	F
Legal Entity Number: 00044				Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Function
				01	10	30	40	50
1	Allocation Percentage		100.00%	7.25%	25.15%	15.16%	45.98%	1.17%
2	Total Units			502,496	1,436,197	359,307	2,943,482	60,406
3	Gross Cost		9,834,009	712,876	2,473,697	1,490,927	4,521,795	115,369
4	Cost per Unit			1.42	1.72	4.15	1.54	1.91
5	SMA per Unit			1.83	2.36	2.36	2.36	4.37
6	Published Charge per Unit			2.07	2.67	2.67	2.67	4.95
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03		126,069	318,909	64,204	627,871	4,058
8A		10/01/03 - 06/30/04		316,692	898,062	191,695	1,837,093	30,801
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04				2,040		49
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04		216	5,124	1,479	4,160	126
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		240	4,420	2,909	7,634	
11A		10/01/03 - 06/30/04		831	14,231	6,550	25,140	293
12	Non-Medi-Cal Units			58,446	195,451	90,430	441,584	25,079
13	Medi-Cal Costs	07/01/03 - 09/30/03	2,059,911	178,850	549,287	266,411	964,539	7,750
13A		10/01/03 - 06/30/04	5,958,894	449,282	1,546,817	795,429	2,822,153	58,827
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	2,791,702	230,706	752,625	151,521	1,481,776	9,577
14A		10/01/03 - 06/30/04	8,020,853	579,546	2,119,426	452,400	4,335,539	72,690
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	3,158,635	260,963	851,487	171,425	1,676,416	10,835
15A		10/01/03 - 06/30/04	9,075,105	655,552	2,397,826	511,826	4,905,038	82,239
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04	8,558			8,465		94
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04	4,930			4,814		116
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04	5,578			5,447		131
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04	22,802	309	8,826	6,137	6,391	241
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04	26,836	399	12,093	3,490	9,818	297
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04	30,363	451	13,681	3,949	11,107	336
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03	32,651	340	7,613	12,071	11,727	
29A		10/01/03 - 06/30/04	97,700	1,179	24,511	27,179	38,620	560
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	36,491	439	10,431	6,865	18,016	
30A		10/01/03 - 06/30/04	115,232	1,521	33,585	15,458	59,330	691
31	Healthy Families Published Charges	07/01/03 - 09/30/03	41,286	497	11,801	7,767	20,383	
31A		10/01/03 - 06/30/04	130,378	1,720	37,997	17,489	67,124	782
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		1,654,492	82,916	336,644	375,235	678,364	47,898
								2,038

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

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FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

CR

Legal Entity: SANTA CRUZ COUNTY		H	I	J	K	L	M	N
Legal Entity Number: 00044		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)		70						
1	Allocation Percentage	4.56%						
2	Total Units	104,853						
3	Gross Cost	448,909						
4	Cost per Unit	4.28						
5	SMA per Unit	3.52						
6	Published Charge per Unit	3.99						
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03 16,960						
8A		10/01/03 - 06/30/04 55,462						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04 210						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03 210						
11A		10/01/03 - 06/30/04 1,320						
12	Non-Medi-Cal Units	30,691						
13	Medi-Cal Costs	07/01/03 - 09/30/03 72,611						
13A		10/01/03 - 06/30/04 237,450						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03 59,699						
14A		10/01/03 - 06/30/04 195,226						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03 67,670						
15A		10/01/03 - 06/30/04 221,293						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04 899						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04 739						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04 838						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03 899						
29A		10/01/03 - 06/30/04 5,651						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03 739						
30A		10/01/03 - 06/30/04 4,646						
31	Healthy Families Published Charges	07/01/03 - 09/30/03 838						
31A		10/01/03 - 06/30/04 5,267						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs	131,398						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

County Code: 44			MHS	MHS	MHS	MHS	ASO	ASO	
Legal Entity: SANTA CRUZ COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00044			Mode Total	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)				Function	Function	Function	Function	Function	Function
			30	40	50	60	30	40	
1	Allocation Percentage		100.00%	6.30%	75.93%	0.59%	15.10%	0.15%	1.92%
2	Total Units			20,550	376,350	6,000	58,800	1,380	16,920
3	Gross Cost		481,766	30,362	365,815	2,848	72,755	720	9,267
4	Cost per Unit			1.48	0.97	0.47	1.24	0.52	0.55
5	SMA per Unit			2.36	2.36	2.36	4.37	2.36	2.36
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		5,040	77,640	900	14,580	960	3,360
8A		10/01/03 - 06/30/04		15,060	294,600	5,100	43,425	420	13,560
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03			1,020				
10A		10/01/03 - 06/30/04		240	1,680		700		
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			210	1,410		95		
13	Medi-Cal Costs	07/01/03 - 09/30/03	103,721	7,446	75,467	427	18,040	501	1,840
13A		10/01/03 - 06/30/04	372,401	22,251	286,353	2,420	53,731	219	7,426
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	271,159	11,894	183,230	2,124	63,715	2,266	7,930
14A		10/01/03 - 06/30/04	965,594	35,542	695,256	12,036	189,767	991	32,002
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	991		991				
21A		10/01/03 - 06/30/04	2,854	355	1,633		866		
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,407		2,407				
22A		10/01/03 - 06/30/04	7,590	566	3,965		3,059		
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		1,798	310	1,371		118	(0)	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

CR

Legal Entity: SANTA CRUZ COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00044			Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach		Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		6,269					
3	Gross Cost	282,108	282,108					
4	Cost per Unit		45.00					
5	Non-Medi-Cal Units		6,269					
6	Non-Medi-Cal Costs	282,108	282,108					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

County Code: 44		MAA	MAA	MAA	MAA	MAA		
Legal Entity: SANTA CRUZ COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00044		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			01	04	11	24	31	
1	Allocation Percentage		100.00%	46.04%	0.03%	1.92%	14.02%	37.99%
2	Total Units		94,525	60	3,938	28,797	78,008	
3	Total Expenditures	162,803	74,948	48	3,122	22,833	61,852	
4	Cost per Unit		0.79	0.80	0.79	0.79	0.79	
5	Non-Medi-Cal Costs	13,147						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

County Code: 44		CR		CR	CR	CR	CR	
Legal Entity: SANTA CRUZ COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00044		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			20	30	40	60		
1	Allocation Percentage	100.00%	13.84%	24.36%	31.97%	29.83%		
2	Total Units		1,375	2,420	3,176	2,963		
3	Gross Cost	596,061	82,500	145,200	190,561	177,800		
4	Cost per Unit		60.00	60.00	60.00	60.01		
5	Non-Medi-Cal Units (Same as Line 2)		1,375	2,420	3,176	2,963		
6	Non-Medi-Cal Costs (Same as Line 3)	596,061	82,500	145,200	190,561	177,800		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44
Legal Entity: SANTA CRUZ COUNTY
Legal Entity Number: 00044

			REIMBURSEMENT TYPE				PC	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55				Total Inpatient	Total Outpatient Exclude				Total Outpatient (Col. I + Col. J)	
			S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29	Total MAA	Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Mode 15 Program (2)	Mode 15 Program (2)	
1	Medi-Cal Costs	07/01/03 - 09/30/03							496,524	2,058,911	2,555,435	103,721	2,659,156
1A		10/01/03 - 06/30/04							1,334,561	5,958,894	7,293,455	372,401	7,665,856
2	Medi-Cal SMA	07/01/03 - 09/30/03							222,720	2,791,702	3,014,423	271,159	3,285,581
2A		10/01/03 - 06/30/04							598,830	8,020,853	8,619,483	965,594	9,585,076
3	Medi-Cal P. C.	07/01/03 - 09/30/03							252,257	3,158,635	3,410,892	3,410,892	3,410,892
3A		10/01/03 - 06/30/04							678,019	9,075,105	9,753,124		9,753,124
4	Medi-Cal N. R.	07/01/03 - 09/30/03											
4A		10/01/03 - 06/30/04											
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03							496,524	2,058,911	2,555,435	103,721	2,659,156
5A		10/01/03 - 06/30/04							1,334,561	5,958,894	7,293,455	372,401	7,665,856
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03								8,558	8,558		8,558
6A		10/01/03 - 06/30/04											
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03								4,930	4,930		4,930
7A		10/01/03 - 06/30/04											
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03								5,578	5,578		5,578
8A		10/01/03 - 06/30/04											
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03											
9A		10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03								8,558	8,558		8,558
10A		10/01/03 - 06/30/04											
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03							496,524	2,058,911	2,555,435	103,721	2,659,156
11A		10/01/03 - 06/30/04							1,334,561	5,967,452	7,302,014	372,401	7,674,415
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03								22,802	22,802	991	991
12A		10/01/03 - 06/30/04										2,854	2,854
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								26,836	26,836	2,407	2,407
13A		10/01/03 - 06/30/04										7,590	7,590
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03								30,363	30,363		30,363
14A		10/01/03 - 06/30/04											
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03											
15A		10/01/03 - 06/30/04											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03										991	991
16A		10/01/03 - 06/30/04								22,802	22,802	2,854	2,854
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04											
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04											
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04											
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03							496,524	2,058,911	2,555,435	104,713	2,660,148
21A		10/01/03 - 06/30/04							1,334,561	5,990,254	7,324,816	375,255	7,700,071
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04											
23	Healthy Families Cost	07/01/03 - 09/30/03								32,651	32,651		32,651
23A		10/01/03 - 06/30/04								97,700	97,700		97,700
24	Healthy Families SMA	07/01/03 - 09/30/03								36,491	36,491		36,491
24A		10/01/03 - 06/30/04								115,232	115,232		115,232
25	Healthy Families P. C.	07/01/03 - 09/30/03								41,286	41,286		41,286
25A		10/01/03 - 06/30/04								130,378	130,378		130,378
26	Healthy Families N. R.	07/01/03 - 09/30/03											
26A		10/01/03 - 06/30/04											
27	Healthy Families Gross Reim.	07/01/03 - 09/30/03								32,651	32,651		32,651
27A		10/01/03 - 06/30/04								97,700	97,700		97,700
28	Less: Patient and Other Payor Revenue												
28A	SD/MC + Crossover Revenue	07/01/03 - 09/30/03								15,655	15,655		15,655
29	Enhanced SD/MC (Children) Revenue	10/01/03 - 06/30/04								46,398	46,398		46,398
30	Enhanced SD/MC (Refugees) Revenue									329	329		329
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)		74,996	64,974	22,833	162,803							
33	Medi-Cal Eligibility Factor (Average)			85.03%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03	74,996	55,246	19,414	149,656			496,524	2,042,927	2,539,451	104,713	2,644,164
35A		10/01/03 - 06/30/04							1,334,561	5,943,856	7,278,418	375,255	7,653,673
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/03 - 09/30/03								32,651	32,651		32,651
37A		10/01/03 - 06/30/04								97,700	97,700		97,700
38	Amount Negotiated Rates Exceed Costs												
38A	SD/MC (Includes Children)	07/01/03 - 09/30/03											
39	Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04											
40	Healthy Families	07/01/03 - 09/30/03											
40A		10/01/03 - 06/30/04											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

Legal Entity: SANTA CRUZ COUNTY		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00044		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement			10,360,218	10,360,218						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement		1,395,658	8,371,037	9,766,695						
3	Total Medi-Cal Direct Service Gross Reimbursement				20,126,913						
4	Medi-Cal Administrative Reimbursement Limit				3,019,037						
5	Medi-Cal Administration				2,777,480						
6	Medi-Cal Administrative Reimbursement				2,777,480	1,388,740					1,388,740
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement			130,351	130,351						
7A	Contract Providers Healthy Families Direct Service Gross Reim.			72,537	72,537						
7B	Total Healthy Families Direct Service Gross Reimbursement				202,888						
8	Healthy Families Administrative Reimbursement Limit				20,289						
9	Healthy Families Administration				34,435						
10	Healthy Families Administrative Reimbursement				20,289				13,188		13,188
	SD/MC Net Reimbursement for MAA										
11	Medi-Cal Admin. Activities Svc Functions 01 - 09	74,996			74,996	37,498					37,498
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	55,246			55,246	27,623					27,623
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	19,414			19,414					14,561	14,561
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				650,399					487,799	487,799
15	Other SD/MC Utilization Review (County Only)				167,771	83,886					83,886
16	SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03		2,643,501	2,643,501		1,436,743				1,436,743
16A		10/01/03 - 06/30/04		7,628,017	7,628,017			4,039,035			4,039,035
17	Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03		662	662				431		431
17A		10/01/03 - 06/30/04		25,656	25,656				16,676		16,676
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										7,532,991
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										7,532,991
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										7,532,991
24	Healthy Families Net Reimbursement	07/01/03 - 09/30/03		32,651	32,651				21,223		21,223
24A		10/01/03 - 06/30/04		97,700	97,700				63,505		63,505
25	Total Healthy Families Reimbursement Before Excess FFP										97,916
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										97,916